Washington State Department of Health

FOODBORNE ILLNESS INVESTIGATION FORM
PART I - CASE INVESTIGATION

I. COMPLAINT INFORMATION			
Date of complaint ____/____/____	Complainant name	Address	(H) Phone (C) Phone

Describe complaint, including name and location of food facility suspected to have caused illness:

Name/Location of Facility:_____ Date of meal: ___/___/___ Time of meal: ____

II. CLINICAL DATA	PERSON NAME/CONTACT INFORMATION			
	Name: Phone: Address:	Name: Phone: Address:	Name: Phone: Address:	Name: Phone: Address:
Was this person interviewed?	☐Yes ☐No Date:	☐Yes ☐No Date:	☐Yes ☐No Date:	☐Yes ☐No Date:
Age and sex	Age: ❑ M ❑ F	Age: ❑ M ❑ F	Age: ❑ M ❑ F	Age: ❑ M ❑ F
ILLNESS INFORMATION: First symptom	☐Vomiting ☐Diarrhea ☐Not Ill	☐Vomiting ☐Diarrhea ☐Not Ill	☐Vomiting ☐Diarrhea ☐Not Ill	☐Vomiting ☐Diarrhea ☐Not Ill
Date & time of first episode of vomiting or diarrhea	Date / Time	Date / Time	Date / Time	Date / Time
Date & time of last episode of vomiting or diarrhea	Date / Time	Date / Time	Date / Time	Date / Time
Duration of vomiting / diarrhea (hrs or days)				
SYMPTOMS – circle correct answer (Y=yes, N=no, U=unknown)				
Vomiting	Y N U	Y N U	Y N U	Y N U
Diarrhea	Y N U	Y N U	Y N U	Y N U
Avg #				
Bloody diarrhea	Y N U	Y N U	Y N U	Y N U
Fever	Y N U	Y N U	Y N U	Y N U
Abdominal cramps	Y N U	Y N U	Y N U	Y N U
Body aches	Y N U	Y N U	Y N U	Y N U
Other (list)				
ER visit	Y N U	Y N U	Y N U	Y N U
HCP visit	Y N U	Y N U	Y N U	Y N U
Hospitalization	Y N U	Y N U	Y N U	Y N U
Stool submitted	Y N U	Y N U	Y N U	Y N U
Lab results				

III. SUSPECTED FOOD OR ACTIVITY FOR A SINGLE CASE OF ILLNESS (SKIP TO SECTION IV IF > 1 PERSON ILL)

For a <u>single case of illness</u>, record all food and drinks consumed in the incubation period of suspected agent/organism. If there is not enough information to categorize the suspect agent, record food and drinks consumed in the 72 hours prior to illness.

Date: _____/_____/_____	Date: _____/_____/_____	Date: _____/_____/_____
Brk: _____	Brk: _____	Brk: _____
Lun: _____	Lun: _____	Lun: _____
Din: _____	Din: _____	Din: _____
Oth: _____	Oth: _____	Oth: _____

Travel in the week prior to onset: ☐Y ☐N Describe:_____
Animal exposure in the week prior to onset: ☐Y ☐N Describe:_____
Contact with a person ill with vomiting or diarrhea in the week prior to onset: ☐Y ☐N

COMPLETED B Y*(print)*:_____ Agency _____ Phone _____ Date ____/____/___

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IV. SUSPECTED MEAL AND FOOD FOR MULTIPLE CASES OF ILLNESS

For > 1 case of illness, record all common meals consumed in the incubation period of suspected agent/organism. If there is not enough information to categorize the suspect agent, record common meals consumed in the week prior to illness.

persons ill:_____ # common meals among these ill people in week prior to illness:_____

Common Meal 1: Date____/____/____ Time:_____ Place:_____

ill persons who ate this meal: _____ Total # persons who ate this meal: _____

Common Meal 2: Date____/____/____ Time:_____ Place:_____

ill persons who ate this meal: _____ Total # persons who ate this meal: _____

Do all ill persons live together? ☐Y ☐N

Do all ill persons work together? ☐Y ☐N

Did ill persons have significant contact with each other outside the common meal(s)? ☐Y ☐N

Record all food items consumed at common meals. (List persons in the same order as on previous page.)

	Person name:		Person name:		Person name:		Person name:	
Common Meal 1	Date	Time	Date	Time	Date	Time	Date	Time
# hours from meal to onset of illness								
Food items								

Is the clinical syndrome and length of time from meal to onset consistent with a known foodborne illness? ☐Y ☐N

If yes, complete DOH part 2 Field Investigation.

Based on the epidemiologic and environmental investigation, is there evidence the illnesses resulted from a common food or facility? ☐Y ☐N

If yes, complete DOH Part 3 Outbreak Summary Report and send Parts 1–3 to CDES.

COMPLETED BY *(print)*:_____ Agency _____ Phone _____ Date ____/____/____